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APPLICANTS

Jan Andersson, Sandby, SWEDEN;

Allan Dagsland, Karlshamn, SWEDEN;
 Hans Strid, Lomma, SWEDEN; Jan Trofast, Lund, SWEDEN;
 Stefan Friess, Hamburg, GERMANY;
 Harald Heckenmueller, Hamburg, GERMANY;
 Uwe Rollwage, Pinneberg, GERMANY;
 Volker Tiedemann, Itzehoe, GERMANY;
 John Conway, Sawston, UNITED KINGDOM;

** CONTINUING DATA *****

This application is a DIV of 09/066,319 05/08/1998 PAT 6,655,380 *AB*
 which is a 371 of PCT/SE98/00457 03/13/1998 *AB*

** FOREIGN APPLICATIONS *****

SWEDEN 9700937-7 03/14/1997 *AB*
 SWEDEN 9703829-3 10/21/1997 *AB*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 12/30/2003

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	SWEDEN	12	39	8

Examiner's Signature *Andrew Baird* Initials *AB*

ADDRESS

26161
 FISH & RICHARDSON PC
 225 FRANKLIN ST
 BOSTON, MA
 02110

TITLE

Inhalation device

<p>FILING FEE RECEIVED 1512</p>	<p>FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:</p>	<table border="1"><tr><td><input type="checkbox"/> All Fees</td></tr><tr><td><input type="checkbox"/> 1.16 Fees (Filing)</td></tr><tr><td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td></tr><tr><td><input type="checkbox"/> 1.18 Fees (Issue)</td></tr><tr><td><input type="checkbox"/> Other _____</td></tr><tr><td><input type="checkbox"/> Credit</td></tr></table>	<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees (Filing)	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	<input type="checkbox"/> 1.18 Fees (Issue)	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
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